

IN THE ~~Southern District of Texas~~ COURT OF ~~HARRIS COUNTY EBONI~~ ~~SMO~~

EBONI NICOLE BALDWIN (PRO SE), Plaintiff

V.

HARRIS COUNTY SHERIFF DEPARTMENT; LATOISHA DORSEY; Defendant

**COMPLAINT FOR MALICIOUS PROSECUTION
AND FALSE ARREST**

1. On or about the 27TH day of SEPTEMBER 2014, defendant, maliciously, and without probable cause therefor, caused the plaintiff to be arrested under a false arrest and charged with Driving While Intoxicated (DWI) and Possession of a Control Substance (PCI) as the plaintiff was en route to the hospital for Post-Traumatic Stress Disorder (PTSD) complications from prescribed medication given to her by Veteran Affairs (VA) Medical Doctors. The Plaintiff pleaded with the defendant to take her to the hospital because she felt like she was dying and explaining to the plaintiff she had PTSD and was having complications on her way to the hospital. The defendant refused the plaintiff medical attention and a sobriety test, telling the plaintiff she was being arrested and going to jail after aggressively snatching the plaintiff from her car. The defendant proceeded to illegally search the plaintiff's car and although she found the medication prescribed to the plaintiff, which previously the plaintiff told the defendant she was having PTSD complications from, the defendant arrested the plaintiff while passed out in her car, falsely arresting the plaintiff under malicious prosecution. Months after the arrest, the plaintiff went into extreme hardship, losing her job, being hospitalized for PTSD, missing business opportunities (due to case pending) and going bankrupt due to reputation damages and emotional distress from the defendants malicious prosecution and false arrest.

2. Before the commencement of this action, this charge was judicially investigated, the prosecution ended, and the plaintiff discharged.

Wherefore plaintiff demands judgment against defendant in the sum of Two Hundred and Ten Thousand dollars and costs.

[Signed]: Eboni Baldwin
EBONI NICOLE BALDWIN [PRO SE]
Address: 25818 CELTIC TERRACE DR.
KATY, TX 77494
(832) 235 - 3097
baldwindreams@gmail.com

NOTES

See Sears, Roebuck & Co. v. Alexander, 252 Ala. 122, 39 So.2d 570 (1949) and

NOTICE: THIS FORM CONTAINS SENSITIVE DATA.

Cause Number: _____

(The Clerk's office will fill in the Cause Number when you file this form.)

Petitioner/
PlaintiffEboni N. Baldwin

In the (check one):

- ☒ District Court
☐ County Court at Law
☐ Justice of the Peace

(Court Number)

Respondent/
DefendantHarris County Sheriff Department; Harris
Latoisha Dorsey

(County)

County, Texas

Affidavit of Indigency

(Request to Not Pay Court Fees)

Use this form to ask the court not to charge you for court fees. This form is also called an "Affidavit of Inability to Pay Court Costs" or a "Pauper's Oath." You can only use this form if: (1) you get public benefits because you are poor or (2) you can't pay court fees. The information you give on this form must be current, complete, true and correct.

You must either 1) sign this form in front of a notary public or 2) sign this form and sign and attach a completed "Unsworn Declaration" form. By signing in front of a notary, you *swear under oath* that the information provided is true and correct. By signing and attaching an "Unsworn Declaration" form, you *declare under penalty of perjury* that the information provided is true and correct.

You can be prosecuted if you lie on this form.

The court may or may not approve this request to not pay court fees. The court may order you to answer questions about your finances at a hearing. At that hearing you will have to present evidence to the judge of your income and expenses to prove that you have no ability to pay court fees.

① The person who signed this affidavit appeared, in person, before me, the undersigned notary, and stated under oath:

"My name is Eboni Nicole BaldwinMy phone number is (832) 235-3097"My mailing address is 25818 Celtic Terrace Drive, Katy, TX 77494"My email address is baldwindreams@gmail.com

"I am above the age of eighteen (18) years, and I am fully competent to make this affidavit. I am unable to pay court costs. The nature and amount of my income, resources, debts, and expenses are described in this form.

Check ALL boxes that apply and fill in the blanks describing the amounts and sources of your income.

② "I receive these public benefits/government entitlements that are based on indigency:

- ☐ SSI ☐ WIC ☐ Food Stamps/SNAP ☐ TANF ☐ Medicaid ☐ CHIP ☐ AABD
☐ Needs-based VA Pension ☐ County Assistance, County Health Care, or General Assistance (GA)
☐ LIS in Medicare ("Extra Help") ☐ Community Care via DADS ☐ Low-Income Energy Assistance
☐ Emergency Assistance ☐ Child Care Assistance under Child Care and Development Block Grant
☐ Public Housing ☐ Other: (Describe) _____

If you receive any of the above public benefits, attach proof and label it "Exhibit: Proof of Public Benefits"

③ "My income sources are stated below. (Check all that apply)

☒ Unemployed since: (date) November 4, 2014 -or-

☐ Wages: I work as a _____ for _____

Your job title

Your employer

- ☐ Child/spousal support ☐ My spouse's income or income from another member of my household (if available)
☐ Tips, bonuses ☐ Military Housing ☐ Worker's Comp ☒ Disability ☐ Unemployment ☐ Social Security
☐ Retirement/Pension ☐ Dividends, interest, royalties ☐ 2nd job or other income: _____

(describe)

④ "My income amounts are stated below.

(a) My monthly net income *after taxes* are taken out is:

Total income *after taxes* → \$ 0

(b) The amount I receive each month in public benefits is:

Total amount received → + \$ 0

(c) The amount of income from other people in my household is:*

Total amount received → + \$ 650

(d) The amount I receive each month from other sources is:

Total amount received → + \$ 3088

(e) My TOTAL monthly income is

Add all sources of income above → = \$ 4348

*List this income only if other members contribute to your household income.

⑤ About my **dependents**: "The people who depend on me financially are listed below:

	Name	Age	Relationship to Me
1	N		
2			
3			
4			
5			
6			

⑥ "My **property** includes:

	Value*
Cash	\$ 0
Bank accounts, other financial assets (List)	
	\$ 0
	\$ 0
	\$ 0
Vehicles (cars, boats) (List make and year)	
	\$ 0
	\$ 0
	\$ 0
Real estate (house or land) (Do not list the house you live in.)	
	\$ 0
	\$ 0
Other property (like jewelry, stocks, etc.) (Describe)	
	\$ 0
	\$ 0

⑦ "My monthly **expenses** are:

	Amount
Rent/house payments/maintenance	\$ 1428
Food and household supplies	\$ 100
Utilities and telephone	\$ 100
Clothing and laundry	\$ 0
Medical and dental expenses	\$ 0
Insurance (life, health, auto, etc)	\$ 0
School and child care	\$ 0
Vehicle payments	\$ 0
Gas, bus fare, auto repair	\$ 0
Child / spousal support	\$ 0
Wages withheld by court order	\$ 0
Debt payments	\$ 0
Other expenses (Describe)	\$ 800
Rental Property	\$ 1200
Bankruptcy fees	\$ 511

Total value of property → = \$ 0

Total monthly Expenses → = \$ 4000

*The value is the amount the item would sell for less the amount you still owe on it (if anything).

⑧ "My **debts** include: List debt and amount owed.

People Fund \$3,200.00 owed.

To list any other facts you want the court to know, such as unusual medical expenses, family emergencies, etc., attach another page to this form and label it "Exhibit: Additional Supporting Facts." Check here if you attach another page. ☐

⑨ "I am unable to pay court costs. I verify that the statements made in this affidavit are true and correct."

⑩ **Your Signature.** You must either: 1) sign this form in front of a notary public or
2) sign this form and sign and attach a completed "Unsworn Declaration" form.

► Eboni Baldwin
Your Signature

27 September 2016
Date

State of Texas

County of Harris

Print the name of county where this Affidavit is notarized.

Notary fills out this section if you are signing in front of a notary.

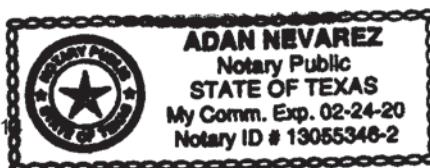
Notary stamp here

Sworn to and subscribed before me today, 9/27/2016 by Eboni Nicole Baldwin

Date

Print name of person who is signing this Affidavit.
NOT the notary's name.

► [Signature]
Notary's Signature



CAUSE NUMBER (FOR CLERK USE ONLY): _____ COURT (FOR CLERK USE ONLY): _____

STYLED _____

(e.g., John Smith v. All American Insurance Co; In re Mary Ann Jones; In the Matter of the Estate of George Jackson)

A civil case information sheet must be completed and submitted when an original petition or application is filed to initiate a new civil, family law, probate, or mental health case or when a post-judgment petition for modification or motion for enforcement is filed in a family law case. The information should be the best available at the time of filing.

1. Contact information for person completing case information sheet: Name: Eboni N. Baldwin Address: 25818 Celtic Terrace Drive City/State/Zip: Katy, TX 77494 Signature: _____ Email: baldwindreams@gmail.com Telephone: 832-235-3097 Fax: _____ State Bar No: _____		Names of parties in case: Plaintiff(s)/Petitioner(s): EBONI N. BALDWIN [PRO SE] Defendant(s)/Respondent(s): Harris County Sheriff's Department; Latolsha Dorsey [Attach additional page as necessary to list all parties]		Person or entity completing sheet is: <input type="checkbox"/> Attorney for Plaintiff/Petitioner <input checked="" type="checkbox"/> Pro Se Plaintiff/Petitioner <input type="checkbox"/> Title IV-D Agency <input type="checkbox"/> Other: _____
Additional Parties in Child Support Case: Custodial Parent: _____ Non-Custodial Parent: _____ Presumed Father: _____				
2. Indicate case type, or identify the most important issue in the case (select only 1):				
Civil		Family Law		
Contract <input type="checkbox"/> Debt/Contract <input type="checkbox"/> Consumer/DTPA <input type="checkbox"/> Debt/Contract <input type="checkbox"/> Fraud/Misrepresentation <input type="checkbox"/> Other Debt/Contract: _____ <input type="checkbox"/> Foreclosure <input type="checkbox"/> Home Equity—Expedited <input type="checkbox"/> Other Foreclosure <input type="checkbox"/> Franchise <input type="checkbox"/> Insurance <input type="checkbox"/> Landlord/Tenant <input type="checkbox"/> Non-Competition <input type="checkbox"/> Partnership <input type="checkbox"/> Other Contract: _____	Injury or Damage <input type="checkbox"/> Assault/Battery <input type="checkbox"/> Construction <input type="checkbox"/> Defamation <input type="checkbox"/> Malpractice <input type="checkbox"/> Accounting <input type="checkbox"/> Legal <input type="checkbox"/> Medical <input type="checkbox"/> Other Professional Liability: _____ <input type="checkbox"/> Motor Vehicle Accident <input type="checkbox"/> Premises <input type="checkbox"/> Product Liability <input type="checkbox"/> Asbestos/Silica <input type="checkbox"/> Other Product Liability List Product: _____ <input type="checkbox"/> Other Injury or Damage: _____	Real Property <input type="checkbox"/> Eminent Domain/Condemnation <input type="checkbox"/> Partition <input type="checkbox"/> Quiet Title <input type="checkbox"/> Trespass to Try Title <input type="checkbox"/> Other Property: _____ Related to Criminal Matters <input type="checkbox"/> Expunction <input type="checkbox"/> Judgment Nisi <input type="checkbox"/> Non-Disclosure <input type="checkbox"/> Seizure/Forfeiture <input type="checkbox"/> Writ of Habeas Corpus—Pre-indictment <input type="checkbox"/> Other: _____	Marriage Relationship <input type="checkbox"/> Annulment <input type="checkbox"/> Declare Marriage Void Divorce <input type="checkbox"/> With Children <input type="checkbox"/> No Children Other Family Law <input type="checkbox"/> Enforce Foreign Judgment <input type="checkbox"/> Habeas Corpus <input type="checkbox"/> Name Change <input type="checkbox"/> Protective Order <input type="checkbox"/> Removal of Disabilities of Minority <input type="checkbox"/> Other: _____	Post-judgment Actions (non-Title IV-D) <input type="checkbox"/> Enforcement <input type="checkbox"/> Modification—Custody <input type="checkbox"/> Modification—Other Title IV-D <input type="checkbox"/> Enforcement/Modification <input type="checkbox"/> Paternity <input type="checkbox"/> Reciprocity (UIFSA) <input type="checkbox"/> Support Order Parent-Child Relationship <input type="checkbox"/> Adoption/Adoption with Termination <input type="checkbox"/> Child Protection <input type="checkbox"/> Child Support <input type="checkbox"/> Custody or Visitation <input type="checkbox"/> Gestational Parenting <input type="checkbox"/> Grandparent Access <input type="checkbox"/> Paternity/Parentage <input type="checkbox"/> Termination of Parental Rights <input type="checkbox"/> Other Parent-Child: _____
Employment <input type="checkbox"/> Discrimination <input type="checkbox"/> Retaliation <input type="checkbox"/> Termination <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Other Employment: _____	Other Civil <input type="checkbox"/> Administrative Appeal <input type="checkbox"/> Antitrust/Unfair Competition <input type="checkbox"/> Code Violations <input type="checkbox"/> Foreign Judgment <input type="checkbox"/> Intellectual Property <input type="checkbox"/> Lawyer Discipline <input type="checkbox"/> Perpetuate Testimony <input type="checkbox"/> Securities/Stock <input type="checkbox"/> Tortious Interference <input checked="" type="checkbox"/> Other: _____			
Tax <input type="checkbox"/> Tax Appraisal <input type="checkbox"/> Tax Delinquency <input type="checkbox"/> Other Tax	Probate & Mental Health <input type="checkbox"/> Probate/Wills/Intestate Administration <input type="checkbox"/> Dependent Administration <input type="checkbox"/> Independent Administration <input type="checkbox"/> Other Estate Proceedings <input type="checkbox"/> Guardianship—Adult <input type="checkbox"/> Guardianship—Minor <input type="checkbox"/> Mental Health <input type="checkbox"/> Other: _____			
3. Indicate procedure or remedy, if applicable (may select more than 1):				
<input type="checkbox"/> Appeal from Municipal or Justice Court <input type="checkbox"/> Arbitration-related <input type="checkbox"/> Attachment <input type="checkbox"/> Bill of Review <input type="checkbox"/> Certiorari <input type="checkbox"/> Class Action	<input type="checkbox"/> Declaratory Judgment <input type="checkbox"/> Garnishment <input type="checkbox"/> Interpleader <input type="checkbox"/> License <input type="checkbox"/> Mandamus <input type="checkbox"/> Post-judgment	<input type="checkbox"/> Prejudgment Remedy <input type="checkbox"/> Protective Order <input type="checkbox"/> Receiver <input type="checkbox"/> Sequestration <input type="checkbox"/> Temporary Restraining Order/Injunction <input type="checkbox"/> Turnover		
4. Indicate damages sought (do not select if it is a family law case):				
<input type="checkbox"/> Less than \$100,000, including damages of any kind, penalties, costs, expenses, pre-judgment interest, and attorney fees <input type="checkbox"/> Less than \$100,000 and non-monetary relief <input type="checkbox"/> Over \$100,000 but not more than \$200,000 <input checked="" type="checkbox"/> Over \$200,000 but not more than \$1,000,000 <input type="checkbox"/> Over \$1,000,000				